Carroll County Health Department Bureau of Environmental Health 290 S. Center Street Westminster, Maryland 21157

A. Circle the type of license or permit sought:



410-876-1884 Toll-Free: 800-966-3877 FAX: 410-876-4430

Website: cchd.maryland.gov

Susan M. Doyle, R.N. Health Officer

Andrea Drenner-Hanley, L.E.H.S. Director, Environmental Health

Pool

STATEMENT OF COMPLIANCE WITH WORKERS' COMPENSATION ACT

Md. Code Ann., Health General § 1-202 requires that "before any license or permit may be issued under" the Health-General Article "to an employer to engage in an activity in which the employer may employ a covered employee, as defined in § 9-101 of the Labor and Employment Article, the employer shall file with the issuing authority: (1) A certificate of compliance with the Maryland Workers' Compensation Act; or (2) The number of a workers' compensation insurance policy or binder."

This completed form must be submitted with a license or permit application. No license or permit can be issued without the submission of this completed form.

Food Service

Summer Camp

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	Circle the number below which a ermit is sought, and provide the in	plies to the business or person for which a license or cated documentation.
1.	This business or person to be licensed	r permitted has workers' compensation insurance:
	Name of Insurance Company	
	Policy or Binder Number	
2.	2. This business or person has a certificate of compliance from the Workers' Compensation Commission. (Attach a copy of the certificate of compliance to this form.)	
3.	. This business or person does not and will not employ a covered employee, as defined at Md. Code Ann., Labor and Employment Title 9. (The applicant should consult legal counsel if the applicant does not know whether the business or person employs or will employ a covered employee.)	
I s	olemnly affirm under the penalties of	perjury that the information provided on this form is true.
Signature of Applicant		Trade Name of Business
Printed Name of Applicant		Street Address of Business
Title in Business		City, State, Zip Code of Business
Na	ame of Business	Date of Signing